

Behavioral Medicine Toolkit by Marcie Richmond,
based on the book

The Fifteen Minute Hour: Therapeutic Talk in Primary Care

by Marian Stuart & Joseph Lieberman (a different one)

Background:

- The mind-body interaction is part of every disease process (emotional problems manifest as physical problems, our reaction to disease affects its course, physical problems have emotional consequences, etc.)
- Why in the PCP visit?
 - Patients expect it
 - It's the main place mental health care happens in this country
 - Not every chest pain requires a cardiologist
 - Mental health care can perpetuate the separation of mind vs body
 - Avoids the label
 - Patients may request the referral after the PCP demonstrates benefits
 - You may be able to avoid the referral altogether
 - Referral to psych when the tests are negative → hostility
 - Not addressing the heart of the issues causes patients to lose faith
 - Changing long standing patterns takes time
 - Referral = rejection
- The approaches have been researched & shown to increase patient satisfaction and improve practitioner-patient relationships without adding significantly to the length of the visit

Therapy

- Redefining your role - diagnose & treat vs. partner with patient mobilize & empower their own healing power. Practitioner as coach.
- When patients feel depleted & overwhelmed, they need to be cared for.
- People change only when they feel safe to do so and when they are ready
- Maps & Regression
- Therapeutic goal: make the patient feel competent & connected -- make the patient feel better, lower their distress & combat their feelings of being overwhelmed.
- Explain how body reacts to stress. Teach breathing or progressive relaxation.
- PLISSIT = Permission, Limited Information, Specific Suggestions, Intensive Therapy
- Therapy - 1) expectation of receiving help, 2) participation in therapeutic relationship, 3) obtaining an external perspective, 4) encouragement of corrective experiences, 5) opportunity to test reality repeatedly

Skills

- When at a loss for words: "That must be very difficult/hard/painful/tiring/discouraging for you." Validates the patient -- he or she is reasonable and not incompetent, worthless, or helpless. Someone cares. Tolerance & healing capacity increase.
- Paraphrasing concerns demonstrates listening & reduces repetition & details
- Challenge never, always, no one, everyone, etc. Ask patients to specify missing information. Turn events back into processes.
- YET = You Empower Them
- Set achievable goals, aim for small wins, provide vicarious experiences, encourage trial & error
- Give homework, "I'm glad we had a chance to talk about this."
- Set time limits
- Award points - 2 points for using a new behavior, 1 point for recognizing a time when a new behavior could have been used

- Prescribe self care
- “The patient is the one with the disease”
- Provide a contact for care

BATHE the patient! Every single visit. Screening test that takes one minute, uses no supplies, is non invasive, has no harmful side effects, is acceptable to patients, can pick up problems in an early, treatable stage & yields at least 30% positive results.

- Background: What is going on in your life?
- Affect: How do you feel about that?
- Trouble: What troubles you the most?
- Handling: How are you handling that?/How could you handle that?
- Empathy: That must be very difficult

Three step problem solving

- What am I feeling?
- What do I want?
- What can I do about it?

Four options in a bad situation

- Leaving it
- Changing it
- Accepting it as it is
- Reframing it